



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2094

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 10/791,464 | FILING DATE 03/01/2004 RULE | CLASS 710 | GROUP ART UNIT 2181 | ATTORNEY DOCKET NO. 50325-0852 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS *O.K. N.P.*
 Bruce Moon, Dublin, CA;

** CONTINUING DATA ***** *none N.P.*

** FOREIGN APPLICATIONS ***** *none N.P.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/20/2004

| | | | | | |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>MP</i> | STATE OR COUNTRY CA | SHEETS DRAWING 8 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 3 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS
 29989
 HICKMAN PALERMO TRUONG & BECKER, LLP
 2055 GATEWAY PLACE
 SUITE 550
 SAN JOSE , CA
 95110

TITLE
 Distributing an electronic signal in a stackable device

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 906 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|

| | |
|--|---------------------------------|
| | <input type="checkbox"/> Credit |
|--|---------------------------------|